

Rhode Island Department of Environmental Management

Emergency Response

Investigative Report

Case Number:	Date of Incident:	Time of Incident:	Employee who received complaint:
Reinspection: <input type="checkbox"/> Yes <input type="checkbox"/> No			Date and time received:
Location of Incident:		Latitude:	Longitude:
Incident Reported by:	Affiliation/Address:	Phone no. (with area code):	Alternate phone:
Responsible Party:	Affiliation/Address:	Phone no. (with area code):	Alternate phone:
Owner/Person in charge:	Affiliation/Address:	Phone no. (with area code):	Phone no. (with area code):

Incident Description: <input type="checkbox"/> UST Tank Leak <input type="checkbox"/> UST Tank Overfill <input type="checkbox"/> AST Tank Leak <input type="checkbox"/> AST Tank Overfill <input type="checkbox"/> Air Release <input type="checkbox"/> Valve Leak <input type="checkbox"/> Transformer Leak <input type="checkbox"/> Dumping <input type="checkbox"/> Spill <input type="checkbox"/> Fire <input type="checkbox"/> Abandoned Battery <input type="checkbox"/> Abandoned Drum(s) <input type="checkbox"/> Abandoned Container <input type="checkbox"/> Vessel Discharge <input type="checkbox"/> Vessel Sinking/Aground <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Vehicle Fuel Tank Leak <input type="checkbox"/> Other:		Media Affected: <input type="checkbox"/> Air <input type="checkbox"/> Soil <input type="checkbox"/> Ditch <input type="checkbox"/> Beach <input type="checkbox"/> Storm Drain <input type="checkbox"/> Wells Nearby <input type="checkbox"/> Ground Water <input type="checkbox"/> Impervious Surface <input type="checkbox"/> Surface Water <input type="checkbox"/> Other:		Mode: <input type="checkbox"/> Highway <input type="checkbox"/> Waterway <input type="checkbox"/> Residential <input type="checkbox"/> Rail <input type="checkbox"/> Rural <input type="checkbox"/> Coastal <input type="checkbox"/> Facility <input type="checkbox"/> Pipeline <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Other :	
Was there a release? <input type="checkbox"/> No <input type="checkbox"/> Yes	Substantial threat to the environment? <input type="checkbox"/> No <input type="checkbox"/> Yes	Management Areas Affected (e.g. parks, shores, reserves, wildlife habitat): <input type="checkbox"/> No <input type="checkbox"/> Yes	Affected management areas:		
Injuries: <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	Fatalities: <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	Waters Impacted: <input type="checkbox"/> Inland (EPA Zone) <input type="checkbox"/> Coastal (USCG Zone)	Endangered Waters:		
Discharged Material and Amount (gal or lbs):		Vehicle/Vessel Type: <input type="checkbox"/> Ship <input type="checkbox"/> Tanker <input type="checkbox"/> Barge <input type="checkbox"/> Recreational Vessel <input type="checkbox"/> Truck <input type="checkbox"/> Semi Truck <input type="checkbox"/> Cargo trailer <input type="checkbox"/> Automobile		Facility Type: <input type="checkbox"/> Marina <input type="checkbox"/> Power Plant <input type="checkbox"/> Chemical Storage <input type="checkbox"/> Service Station <input type="checkbox"/> Automotive Shop <input type="checkbox"/> Factory <input type="checkbox"/> Bulk Product Waste Storage <input type="checkbox"/> Commercial (Story)	
Make/Model of Vehicle or Vessel Name:		Tag or Registration No.:		Operator's Name:	
Abandoned Drums: <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	Size of Drums (gal):	Color or Markings:	Overall Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Drums Leaking: <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	

Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hazy <input type="checkbox"/> Fog Air Temperature: Water Temp:	Water Conditions: <input type="checkbox"/> Calm (waves <6") <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very Rough (waves >6') <input type="checkbox"/> Strong Current	Wind: <input type="checkbox"/> None <input type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-17 mph) <input type="checkbox"/> Strong (15-25 mph) <input type="checkbox"/> Storm (over 25 mph) Wind Direction:	Visibility: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor at <input type="checkbox"/> Day <input type="checkbox"/> Night	Tides: <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Rising <input type="checkbox"/> Ebbing
Predicted Weather Changes That Might Affect Discharge:				
Predicted Movement of Discharge:				
Characteristics of Affected Area:				

Response: <input type="checkbox"/> None <input type="checkbox"/> Phone Only <input type="checkbox"/> Referral <input type="checkbox"/> Follow-up Later <input type="checkbox"/> On-Scene <input type="checkbox"/> Containment Initiated <input type="checkbox"/> Release contained <input type="checkbox"/> Cleanup Initiated <input type="checkbox"/> Release cleaned up	Response Actions: <input type="checkbox"/> Leak Stopped <input type="checkbox"/> Soil removed <input type="checkbox"/> Absorbent Used <input type="checkbox"/> Contractor Hired <input type="checkbox"/> Fire Extinguished <input type="checkbox"/> Material Neutralized <input type="checkbox"/> Containment booms/dikes <input type="checkbox"/> Media Covered <input type="checkbox"/> Samples Taken <input type="checkbox"/> Photographs Taken <input type="checkbox"/> Contractor Engaged	Evacuation: <input type="checkbox"/> No <input type="checkbox"/> Yes Total Area Evacuated:
Other Agencies Notified: <input type="checkbox"/> NRC <input type="checkbox"/> EPA <input type="checkbox"/> US DOT <input type="checkbox"/> USCG <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> DEM Criminal Investigation <input type="checkbox"/> State DOT <input type="checkbox"/> State Health Dept. <input type="checkbox"/> Police <input type="checkbox"/> Local Program <input type="checkbox"/> Local Fire Dept. <input type="checkbox"/> Local Sewer Authority <input type="checkbox"/> Water Supply Board <input type="checkbox"/> Local Road Dept <input type="checkbox"/> Other (specify):	Responding Agencies: <input type="checkbox"/> EPA <input type="checkbox"/> US DOT <input type="checkbox"/> USCG <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> DEM Criminal Investigation <input type="checkbox"/> State DOT <input type="checkbox"/> State Health Dept. <input type="checkbox"/> Police <input type="checkbox"/> Local Program <input type="checkbox"/> Local Fire Dept. <input type="checkbox"/> Local Sewer Authority <input type="checkbox"/> Water Supply Board <input type="checkbox"/> Local Road Dept <input type="checkbox"/> Other (specify):	
Contact and Phone Number in Responding Agency:		
Responsible Party Assumed Responsibility: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Insurance Company Contacted: <input type="checkbox"/> No <input type="checkbox"/> Yes Name: Policy Number: Phone No. (with area code):	

